UNITED NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.22
3 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Papua New Guinea

The Executive Director recommends that the Executive Board approve the country programme of Papua New Guinea for the period 1993-1997 in the amount of $5,260,000 from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. With a population estimated at 3.9 million in 1990, Papua New Guinea lies in the south-west Pacific and has a total land area of 462,840 square kilometres. Its topography is among the most rugged in the world, resulting in isolation in many parts of the country. Only about 30 per cent of the land is arable, largely owned by tribes or clans. These tribes and clans, the basic social organization of the population, present a mosaic of cultures, as reflected in the existence of over 700 different languages. Cultural differences and land claims often lead to inter-tribal conflicts, which have impeded the development of basic services.

2. Approximately 85 per cent of the population is engaged in subsistence farming or the raising of cash crops. Exports of primary commodities, such as minerals, are the main source of foreign exchange. The early 1990 closing of the copper mine at Bougainville has caused an economic and financial crisis, since the mine provided for 35 per cent of total export earnings. The Government has made some adjustment measures, which include cuts in government expenditures and retraining of retrenched staff, who are then redeployed to the private sector. To offset the social costs of adjustment, a special intervention programme has been planned, covering projects in housing, health services and the development of small industries, for which the Government will seek assistance from the donor community.

3. Of the total population, children under five years of age account for 15 per cent and children under 15 years of age account for 43 per cent. Over the last decade, the infant mortality rate (IMR) decreased from 80 per 1,000 live births in 1980 to 56 per 1,000 live births in 1990, and the under-five mortality rate (U5MR) decreased from 112 per 1,000 live births in 1980 to 80 per 1,000 live births in 1990. There is, however, great variation between and within provinces, with IMRs ranging from 30 per 1,000 live births in the Northern Solomons, to above 100 per 1,000 in the Southern Highlands province. Acute respiratory infections (ARI) are the most common causes of death among both young and old. According to health statistics, over 60 per cent of those dying from pneumonia in 1989 were children under one year of age. Malaria and diarrhoeal diseases are, respectively, the second and third most common cause of death among children under five years of age.

4. Women aged 15 to 44 years make up 20 per cent of the total population. With regard to women's health, the priority areas of concern relate to the high levels of maternal mortality, malnutrition, malaria, sexually transmitted diseases (STDs) and acquired immune deficiency syndrome (AIDS). The maternal mortality rate (MMR) remains high, at 800 per 100,000 live births, with variations from 200 per 100,000 live births in urban areas to 1,200 per 100,000 live births in the remote areas, particularly in the highlands. The actual figure may be much higher, since only about 10 per cent of deliveries are reported through health and hospital centres, and only about 40 per cent of women undergo supervised deliveries. Poor access to maternal health care, malnutrition and infectious diseases, such as malaria and pneumonia, are the

main contributors to maternal death. As of 1990, 40 per cent of the diagnosed cases of AIDS were in women, and there is good evidence to fear that AIDS will become widespread, following a similar pattern as STDs.

5. Breast-feeding is almost universal and is prolonged in many parts of the country, particularly among highland women, but complementary foods are not introduced early enough, and malnutrition sets in at the start of the weaning period. It was estimated that, in 1990, some 35 per cent of the children under five years of age were underweight, and the percentage may be much higher in areas such as the Eastern Highlands, Morobe and Milne Bay provinces and parts of the Sepik province. Apart from protein-energy malnutrition, which is a common problem for both women and children, there are also other forms of malnutrition, such as anaemia, obesity, endemic goitre and cretinism and vitamin A deficiency, but their extent cannot be fully assessed owing to incomplete data.

6. Inadequate water supply and poor sanitation remain a serious problem. Only approximately 23 per cent of the rural population have access to safe water, and 20 per cent have proper sanitation facilities. Poor water supply and sanitation conditions are contributing factors to the high incidence of diarrhoeal and other diseases.

7. The primary school enrolment rate increased from 59 per cent in 1980 to 73 per cent in 1989, but the number of children not attending school is still quite considerable. Gender differentials can be noted in the primary school enrolment ratio: for females, the ratio was 67 per cent in 1989, compared with 79 per cent for males. High drop-out rates remain a major problem. For the period 1984-1989, more than one third of grade 1 children dropped out before completing grade 6. Delayed entrance of school-age children into grade 1, the shock of suddenly having to learn in a foreign language, an irrelevant curriculum and lack of educational materials have been perceived to be contributing factors to the drop-out problem. The average adult literacy rate is 51 per cent, with the female literacy rate at only 38 per cent. A national literacy and awareness programme was launched by the Government in 1988 and, along with it, a National Literacy Council was created, composed of both government institutions and non-governmental organizations (NGOs). However, the non-formal education programmes are often constrained, owing to lack of commitment in some provinces. The difficulty of attracting and maintaining qualified personnel and the low level of public awareness also confound local-level implementation of activities.

8. There is an overall lack of recognition of women's contributions to development, and women's concerns and issues are by and large neglected. Negative traditional and public attitudes towards women's participation in development pose a serious barrier to the improvement of women's status. Women have limited access to information and agricultural extension. Women's organizations are weak and receive little direction or support, although a nationwide network exists. Legal protection for women's rights is weak, and incidences of wife-beating, rape and other forms of violence against women are widespread.

PROGRAMME COOPERATION, 1988-1992

9. The first period of programme cooperation aimed at improving the quality of life of children and women in Papua New Guinea by supporting the national objectives of reducing infant, child and maternal mortality rates. The national expanded programme on immunization (EPI) and the control of diarrhoeal diseases (CDD) programme were selected as main programme thrusts, along with social mobilization and advocacy and an area-based programme to demonstrate community-based approaches in child survival and development (CSD).

Health

10. EPI coverage increased markedly, although the target of universal child immunization (UCI) has not yet been achieved, largely owing to the country's budget cutbacks for all rural health services, beginning in mid-1990 because of the closure of Bougainville copper mine. From 1987 to 1990, coverage with antigens increased from 74 to 89 per cent for tuberculosis, from 44 to 69 per cent each for combined diphtheria/pertussis/tetanus and poliomyelitis, from 37 to 67 per cent for measles and from 24 to 70 per cent of pregnant women with tetanus toxoid. Training was a priority activity throughout programme implementation, along with extensive support in the form of the provision of cold-chain and vaccination equipment. Some 400 mid-level managers at provincial and district levels received training in planning, management and social mobilization, and 120 aid-post orderlies were trained to support immunization activities.

11. The promotion and use of oral rehydration salts (ORS) as part of oral rehydration therapy (ORT) formed a main component in the CDD programme. Assistance was provided to provinces to help them to develop provincial CDD action plans. About 1 million ORS packets were supplied and distributed and training was provided for 400 CDD managers at all levels. A simple instruction card for the preparation and use of ORS was developed and distributed widely to mothers through maternal and child health (MCH) clinics, churches and women's groups. In collaboration with the World Health Organization (WHO), support was provided for the production of CDD training materials for community health workers (CHWs).

12. To address the high MMR, the programme began supporting the training of village birth attendants in Losuia, Southern Highlands and Milne Bay provinces. By the end of 1991, 60 village birth attendants had been trained, and work on curricula standardization had been initiated. Family planning has been supported through health education. Approximately 130 communicators and 200 health personnel were trained in family planning.

Women in development

13. Assistance has been provided at the national level to the Women and Law Committee, in support of the national campaign against domestic violence. In collaboration with Canadian University Services Overseas, support was provided to the National Institute of Medical Research for the publication of a

monograph on the health of women, and following that, a high-level strategy meeting was held to discuss the identified problems. In support of the World AIDS Day, a women and AIDS awareness workshop for 37 women leaders and health workers was hosted by the Departments of Health and Home Affairs and Youth, with assistance from WHO and UNICEF.

Area-based child survival and development

14. The mid-term review of the country programme in late 1990 indicated satisfactory achievements in the area-based CSD programme in the Southern Highlands province. Although beset by problems similar to those experienced in the national programmes - tribal fights, the budget cutbacks and quick turnover of government personnel - the CSD programme in the Southern Highlands province seemed to have achieved better results. By 1991, UCI was achieved province-wide, with above 80 per cent coverage for all four antigens. Training was carried out in EPI and CDD programmes for mid-level managers, nurses, aid-post orderlies and CHWs for improvement of their skills in supervision, social mobilization and CDD case management. A pilot project on birth registration, which involved record-keeping on every newborn baby, showed positive results in improving MCH follow-up action. Model ventilated smoke-free houses were constructed for demonstration purposes in strategic areas to promote the reduction of ARI. Permethrine-impregnated mosquito nets were provided to highly malaria-endemic areas.

15. The programme also made progress in nutrition-oriented activities. The family food production and nutrition project moved from demonstration areas to households. Cooking demonstrations were held at the village level to improve family nutrition. Fish production was introduced, and about 38 fish ponds are now regularly producing and being harvested for family and community consumption. Support was provided to the Division of Primary Industry, which delivered technical assistance and supplied materials, including fingerlings and animals such as poultry, sheep and goats, for the promotion of the household husbandry industry. The integration of women in development in the community-based programme has been initiated. Training workshops were conducted in the last quarter of 1991 to create awareness of gender issues among politicians, policy makers and government officials, most of whom are men.

16. While the achievements in the Southern Highlands province were encouraging, progress in the Kila-kila urban settlement project was disappointing. The project aimed to establish an integrated multisectoral system, where health, education and other basic services could be improved through community participation. But little progress was made in community participation or the integration of services owing to the rigidity of the existing structure for urban development. Since a change in government policy will discourage the establishment of urban squatter settlements, the project for urban basic services will have to be redesigned in the new country programme.

Social mobilization

17. UCI has been a rallying point for advocacy and social mobilization. Advocacy for political commitment to social development, focusing on children and women, received a major boost with the Prime Minister's participation in the World Summit for Children and his signing of both the Summit Declaration and Plan of Action, and the Convention on the Rights of the Child. At the same time, a study on "adjustment with a human face" was completed, and the situation of children and women was updated to prepare the new country programme of cooperation and the national programme of action for children, a major follow-up to the World Summit. The media has been used to enhance public awareness of issues affecting children and women, such as adjustment policies, women's health, literacy programmes and domestic violence.

18. At the programme level, the adaptation of Facts for Life has been completed and is now being used as a tool for awareness-raising. Knowledge, attitude and practice studies and media surveys provided the basis for designing the messages. Some 30 media people were sensitized through workshops, and 80 communicators were trained in community theatre and communication through puppetry.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

Recommended general resources: $5,260,000
Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 200	1 500	2 700
Education	910	1 750	2 660
Women in development	450	750	1 200
Area-based programme	1 000	1 000	2 000
Social mobilization	450	-	450
Planning, monitoring and evaluation	450	-	450
Programme support	800	-	800
Total	5 260	5 000	10 260

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation process

19. Preparation for the new country programme commenced with the November 1990 mid-term review, which was undertaken jointly by the Government and UNICEF. The first draft of the situation analysis, programme objectives and strategies were presented and discussed in the programme strategy meeting held in April 1991, with the active participation of the Government, NGOs, United Nations and other international agencies and bilateral donor countries. A preview meeting followed in July, at which programme plans of operations were reviewed. Since programme preparation began immediately after the World Summit for Children, the focus of the entire exercise was on follow-up of the 1990s goals.

Programme objectives

20. The new programme of cooperation seeks to advance the following national goals and objectives, which are also in line with the goals set out by the World Summit for Children: (a) to reduce IMR from 56 per 1,000 live births in 1990 to 40 by 1997; (b) to reduce MMR from 800 per 100,000 live births in 1989 to 400 by 1997; (c) to improve the nutritional status of children and women; (d) to improve access to basic education and raise the literacy rate for females from 38 per cent in 1990 to 60 per cent by 1997; and (e) to improve women's status and strengthen their participation as both active implementors and beneficiaries in the development process. These goals are reflected in sectoral development plans, including the National Health Plan, 1991-1995, and the National Women's Policy, and will be incorporated into the national programme of action for children and the National Development Plan, 1994-1998.

Programme strategy

21. Based on the situation analysis of children and women and the findings of the mid-term review of the previous country programme, the following major strategies will be continued and further strengthened to provide support for achievement of the national goals: (a) activities directly related to CSD will be emphasized; (b) vulnerable and inaccessible groups will be reached through the area-based CSD programme; (c) community involvement will be promoted through awareness-raising and the reduction of gender disparities; (d) integration and convergence of services will be strengthened for increased effectiveness; and (e) government capacities in planning, monitoring and coordination of services for children and women will be enhanced.

Health

22. EPI will continue to be a major component of the health programme to help the country achieve its UCI goal by 1992 and to reach 90 per cent coverage for tetanus toxoid by 1997. The EPI project will focus on strengthening the maintenance of the cold chain and enhancing capacities in service delivery, management, supervision, monitoring and evaluation. Support will also be provided for the development and production of information materials and

education and communication activities, as well as for networking with other sectors, such as the media, for social mobilization.

23. CDD, ARI and malaria control activities will be implemented through a package of primary health care services. The focus of CDD activities will be on the promotion of ORT to increase its accessibility and use, along with interventions in the areas of breast-feeding, safe weaning food practices and personal and domestic hygiene. Efforts to control ARI will stress standardization of diagnoses, case management and training. Permethrine-treated mosquito nets will continue to be supplied to control malaria. By 1997, at least one health worker in each health facility will receive training in the correct diagnosis and treatment of diarrhoea, pneumonia and malaria. AIDS education activities will be incorporated into community school curricula, and training in this area will be provided for teachers in over 60 per cent of schools.

24. Safe motherhood will be strengthened in view of the current high MMR. Activities in MCH will be strengthened through community-based approaches and enhancement of the capacities of health centres, subcentres and aid-posts for improved antenatal care, screening and referral of women with high-risk pregnancies. The training of village birth attendants will continue to be supported with a target of reaching 1,500 of them by 1997. Maternal nutrition will also be stressed, not only for pregnant women, but for the girl child as well. Nutrition education will be included in community school curricula, and the promotion of breast-feeding, growth monitoring and nutrition surveillance will be supported.

Education

25. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the Asian Development Bank and other external agencies involved in education, support will be provided to assist the Government in the preparation of the National Decade Plan for Education for All. The programme will focus on the following objectives: providing educational opportunities for the most disadvantaged groups of children and youth; improving the literacy rate among girls and women; providing opportunities for early childhood development (ECD); and improving school retention rates and curriculum relevance, especially for the benefit of disadvantaged children and women.

26. Community schools will be assisted as alternative primary education delivery systems for remote areas. Pilot testing of community-based approaches will be carried out, involving alternative ways to implement curricula and community cost-sharing. To support the government goal of increasing the female literacy rate to 60 per cent by 1997, training will be provided for 2,000 literacy teachers, and a literacy and awareness information system focusing on women's concerns will be established, linked to 600 village production centres for literacy materials. An ECD component will also be supported. The aim will be to benefit 250,000 young children through

advocacy, developing modules for educational materials and training 420 pre-school teachers and child-care workers. Pilot activities to improve learning achievement and curriculum relevance will be carried out in five selected provinces with low enrolment and school retention rates. Some 100 trainers and curriculum writers and 2,500 teachers will receive training.

Women in development

27. The programme seeks to strengthen the capacity of relevant government departments to integrate gender and women's concerns into the mainstream of policies, plans and programmes. Support will be provided for research, training, preparation of training materials and skills training for gender-sensitive planning and programming. A database disaggregated for gender will be established, and training activities will reach 150 national and provincial government officials and trainers and 282 women's organizations. Advocacy and social mobilization will also be supported. Main activities will include the production of briefing kits on gender to sensitize politicians, court magistrates and the police on these issues, and the preparation of a women's legal-rights resource book and a national campaign against domestic violence.

Area-based child survival and development

28. This programme will be implemented in the Southern Highlands and Milne Bay provinces, aiming at the reduction of high infant, child and maternal mortality rates and high-level malnutrition. An integrated community-based approach will be continued, involving acceleration of EPI, CDD, control of ARI and malaria, training of village birth attendants, growth monitoring and promotion, water supply and sanitation, family food production and nutrition and increased involvement of women. The programme is designed to link with national programmes for mutual reinforcement. Assistance will focus on strengthening capacities of the two provinces in the areas of baseline surveys, planning, programming, coordinating programme implementation, monitoring and evaluation. It is planned to extend services to the entire province of Southern Highlands, which has an estimated total population of 303,000, and three districts of Milne Bay, covering about 100,000 children and women.

Social mobilization

29. The programme aims to achieve the following objectives: (a) to generate and strengthen political will, legislative action and policy, programme and budget decisions in favour of children and women; (b) to expand partnerships and alliances with various sectors, particularly NGOs, women's organizations and media groups; (c) to integrate advocacy and social mobilization into all programmes; (d) to strengthen capacity for planning and implementing information, education and communications programmes; and (e) to improve national, provincial, district, community and women's awareness of issues and concerns affecting children and women.

30. Support will be provided for follow-up to the World Summit for Children, the Convention on the Rights of the Child and the Jomtien Declaration on Education for All. The programme will assist the Government to review and analyse existing legislation, policies and national declarations of intent for children and women to identify gaps and make necessary recommendations. Advocacy tools and materials in the form of brochures, leaflets, slide sets and videos will be prepared, directed towards the national and provincial leadership, legislators and senior public servants. An information resource unit will be established, which will include the gender-sensitive database mentioned earlier. Training will be provided to upgrade programme implementors' knowledge, skills and practices in social mobilization, with a priority focus on women through women's groups.

Planning, monitoring and evaluation

31. The programme will continue to assist the Government in analysing the situation of children and women and preparing and updating the national programme of action for children. In collaboration with other United Nations and external agencies, a comprehensive planning and monitoring system will be established, geared towards improving services for children and women. Support will be provided to strengthen the capacities of government departments at various levels, in particular, coordinating agencies such as the Department of Finance and Planning and the National Government's Quality of Life Committee. The focus of this support will be on data collection and analysis, disaggregating data for gender and policy-making. Planning and monitoring activities related to specific goals have also been incorporated into sectoral programmes. Field visits to project areas will be made jointly by the Government and UNICEF, and, where necessary, involve other collaborating external agencies or bilateral donors. Programme reviews and evaluations and annual reviews will be held, and a mid-term review will be conducted during the third year of the country programme, when both achievements and constraints will be analysed and major course corrections, if any, will be decided.

Programme support and management

32. The programme of cooperation will be coordinated by the Department of Finance and Planning, together with the relevant departments comprising the Inter-Agency Committee for Child and Women Survival and Development, under the National Government Quality of Life Committee. The UNICEF Area Office at Manila and the sub-office at Port Moresby will assist the Government of Papua New Guinea in the planning, implementation, monitoring and evaluation of the programmes.

33. Collaboration with other international agencies, such as WHO, the United Nations Population Fund (UNFPA), UNDP and the United Nations Environment Programme (UNEP), and bilateral and national agencies will be pursued to ensure complementarity of inputs and to help maximize impact on the beneficiaries.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Papua New Guinea (1990 and earlier years) UNICEF country classification

Under-five mortality rate	80	(1990)	High U5MR
Infant mortality rate	56	(1990)	High IMR
GNP per capita	$ 860	(1990)	Lower-middle GNP
Total population	3875.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	100	116	118	131
Infant deaths (under 1)	(thousands)	12	9	8	7
Under-five deaths	(thousands)	17	13	11	11
Under-five mortality rate (per 1,000 live births)		166	112	93	80
Infant mortality rate (under 1) (per 1,000 live births)		118	80	67	56

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1984)	Moderate & severe	..	35
	Severe	..	..
Babies with low birth weight (%, 1979)		25	..
% of primary school children reaching final grade (1980/1988)		66*	62

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		../../..	../../..
Prevalence of wasting (%, 1980/1985)		52	..
Prevalence of stunting (%, 1980/1985)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		95	98
Food production per capita index (Index 1979-1981=100, 1980/1990)		99	105
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			46
Access to health services (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1988)	Total	16	34
	Urban/rural	55/ 10	93/ 23
Access to adequate sanitation (% of population, 1980/1985)	Total	17	45
	Urban/rural	96/ 3	99/ 35
Births attended by trained personnel (%, 1989)		..	20
Maternal mortality rate (per 100,000 live births, 1980)		900	..

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	64	66	89
	DPT	50	36	69
	Polio	32	31	69
	Measles	..	25	67
Pregnant women (%) immunized against	Tetanus	..	..	70

/...

TABLE 1 (continued)

Papua New Guinea

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	59/ ..	73/ 73
(%, 1980/1989)	Male	66/ ..	79/ 78
	Female	51/ ..	67/ 67
Secondary enrolment ratio (gross/net)	Total	12/ ..	13/ ..
(%, 1980/1988)	Male	15/ ..	16/ ..
	Female	8/ ..	10/ ..
Adult literacy rate, 15 years & older	Total	32	52
(%, 1970/1990)	Male/female	39/ 24	65/ 38
Radio/television sets			
(per 1,000 population, 1980/1988)		58/ 0	64/ 2

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	2422.0	3086.0	3460.0	3875.0	4845.0
Population aged 0-15 years	(Thousands)	..	1394.7	1527.6	1659.6	2001.2
Population aged 0-4 years	(Thousands)	..	484.5	540.8	589.3	691.6
Urban population (% of total)		10	13	14	16	20
Life expectancy at birth	Total	46	51	53	55	59
(years)	Male	47	50	52	54	58
	Female	46	51	54	56	60
Total fertility rate		6.1	5.7	5.4	5.0	4.0
Crude birth rate (per 1,000 population)		42	38	35	34	30
Crude death rate (per 1,000 population)		18	14	12	11	9

		About 1980	Most recent
Contraceptive prevalence rate		..	4
(%, 1986)			
Population annual growth rate	Total	2.3	2.3
(%, 1965-1980/1980-1990)	Urban	8.4	4.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		0.0	-0.5
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		8	6
Population in absolute poverty	Urban/rural	10/ 75	../ ..
(%, 1979)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	9/ 17	9/ 15
(% of total expenditure, 1980/1988)	Defence	4	4
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	326	334
(1980/1989)	As % of GNP	14	10
Debt service			
(% of goods & services exports, 1980/1989)		6	16

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1992 a/

(In thousands of United States dollars)

COUNTRY: PAPUA NEW GUINEA
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $2,540,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	479	174	81	39	48	32	653	230	1261	475	1736
Water supply and sanitation	1	55						12	1	67	68
Nutrition	23		17		17		40		97		97
Education			18						18		18
Community organization and development	4		2				38		44		44
Women-centred programme			7				5		12		12
Advocacy	48		3				103		154		154
Planning and project support	108		7		195		217		527		527
Freight	24	13							24	13	37
GRAND TOTAL	687	242	135	39	260	32	1056	242	2138	555	2693

GR = General resources.
FSF = Funded supplementary funding.
a/ The current programme cycle covers period 1988-1992, but actual expenditure figures are only available through 1991.

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TABLE 3. PLANNED EXPENDITURE, 1993-1997

(In thousands of United States dollars)

Country: PAPUA NEW GUINEA Period covered: 1993-1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	320	220	220	220	220	1200
	NSF	300	300	300	300	300	1500
Education	GR	230	170	170	170	170	910
	NSF	350	350	350	350	350	1750
Women in development	GR	90	90	90	90	90	450
	NSF	150	150	150	150	150	750
Area-based programme	GR	280	180	180	180	180	1000
	NSF	200	200	200	200	200	1000
Social mobilization	GR	90	90	90	90	90	450
Planning and social statistics	GR	90	90	90	90	90	450
Programme support	GR	160	160	160	160	160	800
TOTAL	GR	1260	1000	1000	1000	1000	5260
	NSF	1000	1000	1000	1000	1000	5000
GRAND TOTAL		2260	2000	2000	2000	2000	10260

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PAPUA NEW GUINEA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	1	278
Local national Professional and General Service established posts	3	129
Operating costs		275
Total	4	682
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	3	654
Supplementary funds	0	0
Local national Professional and General Service project posts		
General resources	2	43
Supplementary funds	1	42
Total	6	739

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.